AGENCY ANNUAL PROGRAM PERFORMANCE REPORT FOR PATBI

REPORTING PERIOD FROM October 1, 2009 TO September 30, 2010

STATE: Indiana

AGENCY NAME: Indiana Protection and Advocacy Services

DATE SUBMITTED: <u>12/22/2010</u>

AGENCY INFORMATION

Agency Name: Indiana Protection and Advocacy Services

Address of Agency:

a. Main Office:

4701 N. Keystone Ave., Suite 222 Indianapolis, Indiana 46205

- b. Satellite Office(s) (if applicable):
- c. Contract Office(s) (if applicable):

Agency Telephone Number: 317-722-5555

Agency Toll-Free Telephone Number: <u>1-800-622-4845</u>

Agency TTY Number: <u>317-722-5563</u>

Agency Toll-Free TTY Number: 1-800-838-1131

Agency Fax Number: 317-722-5564

Agency E-Mail Address: info@ipas.IN.gov

Agency Web Address: www.IN.gov/ipas

Executive Director Name: Thomas Gallagher

Executive Director Email: tgallagher@ipas.in.gov

Staff Preparing Report Name: <u>Sue Beecher</u>

Staff Preparing Report Email: sbeecher@ipas.in.gov

Staff Preparing Report Office Location: 4701 N. Keystone Ave., Suite 222, Indianapolis, IN. 46205

PART I: NON-CASE SERVICES

A. INFORMATION AND REFERRAL SERVICES (I&R)

1. Total Individuals Receiving I&R Services	62
2. Total Number of I&R requests during the Fiscal Year	65

B. TRAINING ACTIVITIES

1. Number of Trainings Presented by Staff	89
2. Number of Individuals Who Attended These Trainings	6205

3. Describe at least two (2) trainings presented by the staff. Be sure to include information about the topics covered, the purpose of the training, and a description of the attendees.

- 1) IPAS exhibited and presented at the Brain Injury Association of Indiana sponsored "Spring Break" conference for caregivers. Fifty attendees were provided with information regarding brain injury supports and services, Indiana's federal traumatic brain injury grant, Medicaid waivers, and advocacy.
- 2) IPAS exhibited and presented at the Lake County Transition Fair sponsored by the Lake County Transition Coalition. Approximately 350 attendees received training and information regarding state colleges and training schools, Medicaid waivers, financial aid opportunities, transition planning, and advocacy. Lake County has the largest percentages of African American and Hispanic populations in the state of Indiana.

4. Agency Outreach

Describe the agency's outreach efforts to previously unserved or underserved individuals including minority communities.

IPAS staff continue to focus outreach efforts on transition aged students, Social Security beneficiaries in segregated work settings, and individuals with sensory disabilities. Staff were present at sixteen transition fairs in the past twelve months providing information and training to 2,397 students, parents, and educators. Some of these transition fairs were held in areas of the state such as Lake County and Ft. Wayne where large populations of minority communities are located. Outreach occurred in eighteen segregated work settings where 672 individuals received information regarding their rights and services.

C. INFORMATION DISSEMINATED TO THE PUBLIC

1. Radio and TV Appearances by Agency Staff	0
2. Newspaper/Magazine/Journal Articles Prepared by Agency Staff	0
3. PSAs/Videos Aired by the Agency	0
4. Website Hits	63425
5. Publications/Booklets/Brochures Disseminated by the Agency	17362

6. Other

Number	Description (use separate sheets if necessary)
0	

7. External Media Coverage of Agency Activities

Radio/TV Coverage	Newspaper/ Magazines/Journal	PSAs/Videos	Publications/ Booklets/Brochures
0	0	0	0

PART II: CASE-SERVICES

A. INDIVIDUALS SERVED

1. Individuals	
a. Individuals Served Receiving Advocacy at Start of Fiscal Year (carryover from prior)	3
b. Additional Individuals Served During Fiscal Year (new for fiscal year)	8
c. Total Number of Individuals Served During Fiscal Year (a + b)	11
d. Total Number of Individuals with Cases that Were Closed During Fiscal Year	8
e. Total Individuals Still Being Served at the End of the Fiscal Year	3

2. Services	
a. Number of Cases/Service Requests Open at Start of Fiscal Year (carryover from prior)	3
b. Additional Cases/Service Requests Opened During Fiscal Year (new for fiscal year)	8
c. Total Number of Cases/Service Requests During Fiscal Year (a + b)	11
d. Total Number of Cases/Service Requests that Were Closed During Fiscal Year	8
e. Total Number of Cases/Service Requests Open at the End of the Fiscal Year	3

B. PROBLEM AREAS/COMPLAINTS OF INDIVIDUALS SERVED

Complaint	
1. Abuse (total)	2
a. Inappropriate Use of Restraint & Seclusion	1
b. Involuntary Treatment	0
c. Physical, Verbal, & Sexual Assault	0
d. Other	1
2. Access to Records	0
3. Advance Directives	0
4. Architectural Accessibility	1
5. Assistive Technology (total)	0
a. Augmentative Comm. Devices	0
b. Durable Medical Equipment	0
c. Vehicle Modification/Transportation	0
d. Other	0
6. Civil Commitment	0
7. Custody/Parental Rights	0
8. Education (total)	1
a. FAPE: IEP/IFSP Planning/Development/Implementation	1
b. FAPE: Discipline/Procedural Safeguards	0
c. FAPE: Eligibility	0

d. FAPE: Least Restrictive Environ.	0
e. FAPE: Multi-disciplinary Evaluation/Assessments	0
f. FAPE: Transition Services	0
g. Other	0
9. Employment Discrimination (total)	0
a. Benefits	0
b. Hiring/Termination	0
c. Reasonable Accommodations	0
d. Service Provider Issues	0
e. Supported Employment	0
f. Wage and Hour Issues	0
g. Other	0
10. Employment Preparation	0
11. Financial Benefits (total)	0
a. SSDI Work Incentives	0
b. SSI Eligibility	0
c. SSI Work Incentives	0
d. Social Security Benefits Cessation	0
e. Welfare Reform	0
f. Work Related Overpayments	0
g. Other Financial Entitlements	0
12. Forensic Commitment	0
13. Government Benefits/Services	0
14. Guardianship/Conservatorship	0
15. Healthcare (total)	1
a. General Healthcare	0
b. Medicaid	0
c. Medicare	0
d. Private Medical Insurance	0
e. Other	1
16. Housing (total)	1
a. Accommodations	0
b. Architectural Barriers	0
c. Landlord/Tenant	0
d. Modifications	0
e. Rental Denial/Termination	0

f. Sales/Contracts/Ownership	0
g. Subsidized Housing/Section 8	0
h. Zoning/Restrictive Covenants	0
i. Other	1
17. Immigration	0
18. Neglect (total)	0
a. Failure to Provide Necessary or Appropriate Medical Treatment	0
b. Failure to Provide Necessary or Appropriate Mental Health Treatment	0
c. Failure to Provide Necessary or Appropriate Personal Care & Safety	0
d. Other	0
19. Post-Secondary Education	0
20. Non-Medical Insurance	0
21. Privacy Rights	0
22. Rehabilitation Services (total)	5
a. Communications Problems (Individuals/Counselor)	1
b. Conflict About Services To Be Provided	3
c. Individual Requests Information	0
d. Non-Rehabilitation Act	0
e. Private Providers	0
f. Related to Application/Eligibility Process	1
g. Related to IWRP Development/Implementation	0
h. Related to Title I of ADA	0
i. Other Rehabilitation Act-related problems	0
23 Suspicious Death	0
24. Transportation (total)	0
a. Air Carrier	0
b. Paratransit	0
c. Public Transportation	0
d. Other	0
25. Unnecessary Institutionalization	0
26. Voting (total)	0
a. Accessible Polling Place / Equipment	0
b. Registration	0
c. Other	0
27. Other*	0
	1

*For any cases listed under "27. Other," describe the specific problem area or complaint and the number of cases covered under each problem area or complaint listed. Use separate sheets if necessary.

C. REASONS FOR CLOSING CASE FILES

1. Reason for Closing Case Files

Reason	
a. All Issues Resolved in Client's Favor	4
b. Some Issues Resolved in Client's Favor	2
c. Other Representation Obtained	0
d. Individual Withdrew Complaint	0
e. Services Not Needed Due to Death, Relocation, etc.	0
f. Individual Not Responsive to Agency	2
g. Case Lacked Legal Merit	0
h. Conflict of Interest	0
i. Agency Withdrew from Case	0
j. Lack of Resources	0
k. Not Within Priorities	0
I. Issue Not Resolved in Client's Favor	0
m. Other*	0
n. Total	8

*For any cases listed under "Other," describe the reason for closing the case and the number of cases covered under each reason listed. Use separate sheets if necessary.

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D. HIGHEST INTERVENTION STRATEGY

Interventions	
1. Short Term Assistance	3
2. Systemic/Policy Activities	0
3. Investigation/Monitoring	5
4. Negotiation	0
5. Mediation/Alternative Dispute Resolution	0
6. Administrative Hearing	0
7. Legal Remedy/Litigation	0

8. Class Action Suits	0
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PART III: STATISTICAL INFORMATION FOR INDIVIDUALS SERVED

A. AGE OF INDIVIDUALS SERVED

Age	
0 to 12	1
13 to 18	1
19 to 25	1
26 to 64	7
65 and over	1
Total	11

B. GENDER OF INDIVIDUALS SERVED

Male	7
Female	4
Total	11

C. RACE/ETHNICITY OF INDIVIDUALS SERVED

Race/Ethnicity	
1. American Indian/Alaskan Native	0
2. Arab American	1
3. Asian	0
4. Black/African American	1
5. Hispanic/ Latino	0
6. Native Hawaiian/Other Pacific Islander	0
7. White/Caucasian	9
8. Multiracial/Multiethnic	0
9. Race/Ethnicity Unknown	0
10. Other Than Above*	0
11. Total	11

*For any individuals listed under "Other Than Above," describe the race/ethnicity of the individual and the number of cases covered under each description listed. Use separate sheets if necessary.

D. LIVING ARRANGEMENTS OF INDIVIDUALS SERVED

Arrangement	
1. Community Residential Home	1
2. Foster Care	0
3. Homeless/Shelter	1
4. Legal Detention/Jail/Prison	0
5. Nursing Facility	0
6. Parental/Guardian or Other Family Home	2
7. Independent	7
8. Private Institutional Setting	0
9. Public (State Operated) Institutional Setting	0
10. Public Housing	0
11. VA Hospital	0
12. Other*	0
13. Unknown/Not Provided	11

*For any cases listed under "Other," describe the living arrangement of the individual and the number of cases covered under each description listed.

E. GEOGRAPHIC LOCATION

Geographic Location	
1. Urban/Suburban	7
2. Rural	4
3. Total	11

PART IV: SYSTEMIC ACTIVITIES AND LITIGATION

A. SYSTEMIC ACTIVITIES

1. Number of Policies/Practices Changed as a Result of	1
Non-Litigation Systemic Activities	

2. Describe the agency's systemic activities. Be sure to include information about the policies that were changed and how these changes benefit individuals with disabilities. If possible, estimate the number of individuals potentially impacted by such policy changes. Also include at least three case examples of how the agency's systemic activities impacted individuals served.

Indianapolis Public Schools (IPS) began screening incoming students for evidence of traumatic brain injury for school year 2010-2011. IPS is the largest school system in Indiana having served 33,272 students in 2009. One in every twenty-five students nationwide will experience an acquired brain injury before graduation from high school. This equates to potentially 1,331students in the IPS school system in 2010 with a brain injury.

B. LITIGATION/CLASS ACTIONS

1. Total Number of Non-Class Action Lawsuits Filed	0
a. Number of Non-Class Action Lawsuits Filed During Fiscal Year (new for fiscal year)	0
b. Number of Non-Class Action Lawsuits Filed at Start of Fiscal Year (carryover from prior fiscal year)	0

2. Total Number of Class Action Lawsuits Filed	0
a. Number of Class Action Lawsuits Filed During Fiscal Year	
(new for fiscal year)	
b. Number of Class Action Lawsuits Filed at Start of Fiscal Year	0
(carryover from prior fiscal year)	

3. Describe the agency's litigation/class action activities. Explain how individuals with disabilities benefited from such litigation. If possible, estimate the number of individuals potentially impacted by changes resulting from the litigation. Be sure to include at least three case examples that demonstrate the impact of the agency's litigation.

N/A

C. MONITORING

Describe any monitoring conducted by the agency by providing the major areas of non-litigation-related monitoring activities and the groups likely to be affected. Address the major outcomes of the monitoring activities during the fiscal year. Be sure to include at least three case examples that demonstrate the impact of the agency's monitoring activities.

N/A

D. LITIGATION-RELATED MONITORING

Describe any monitoring conducted by the agency related to court orders or case settlements by providing the major areas of monitoring and the groups likely to be affected. Address the major outcomes of the litigation-related monitoring during the fiscal year. Be sure to include at least three case examples that demonstrate the impact of the agency's litigation-related monitoring.

N/A

E. FULL OR PRELIMINARY INVESTIGATIONS

Describe any full investigations conducted by the agency by providing the major areas of investigation and the groups likely to be affected. Address the major outcomes of the investigations during the fiscal year. Be sure to include at least three case examples that demonstrate the impact of the agency's investigations. Use separate sheets if necessary.

N/A

F. DEATH INVESTIGATIONS

1. Number of Formal Death Reports Received	0
2. Number of Informal/External Death Reports Received	0

3. Number of Death Investigations 0

4. Describe any death investigations conducted by the agency during the fiscal year and any subsequent activities resulting from these investigations. Also include the major outcomes of the death investigations. Use separate sheets if necessary.

N/A

PART V: PRIORITIES AND OBJECTIVES

A. CURRENT PRIORITIES AND OBJECTIVES

Use the format below to describe the program priorities and objectives toward which the prior fiscal year's activities were targeted.

Objective 101:

Review five (5) allegations of abuse and neglect on behalf of individuals with traumatic brain injuries to ensure that the allegation is reported to the responsible entities and advocate that necessary actions are taken to protect the health, safety and welfare of individuals with disabilities.

Description of Need, Issue, or Barrier Addressed:

Individuals with traumatic brain injury are susceptible to abuse and neglect.

Indicator(s):

Individuals with traumatic brain injury will be free of abuse and neglect.

Outcome:	Met	Partially Met/Continuing	_X_	Not Met	l	
Total Numl	ber of Case	es Handled				3

Illustrative Cases (at least one specific case description showing the success)

"John", a fifty-three year old individual with traumatic brain injury who received residential waiver services, contacted IPAS and alleged that he was being abused, i.e. he no longer had access to his personal funds. He stated that the residential provider had taken his checkbook away from him. IPAS met with John, his case manager, and representatives from the residential waiver provider. The residential provider shared copies of many incident reports that documented the fact that individuals in the community who had "befriended" John were taking money from him without his permission. John had difficulty in understanding his vulnerability in regards to financial issues. The provider did agree to set up a new checking account for John which he would be able to access whenever he needed to do so. The provider also arranged for John to have ongoing access to his check register so he would know on a daily basis how much money was contained in his savings account which is utilized to pay rent and utilities only. John will receive financial training to allow him to eventually independently control his finances.

Objective 201:

Review allegations of discrimination on behalf of three (3) individuals with traumatic brain injury who have been denied services under the ADA Title 2 and 3, or Fair Housing Act and take appropriate action.

Description of Need, Issue, or Barrier Addressed:

Individuals with traumatic brain injury are denied services under the ADA Titles 2 and 3 as well as the Fair Housing Act.

Indicator(s):

Individuals with traumatic brain injury will receive services as needed and required under the ADA Titles 2 and 3 as well as the Fair housing Act.

Outcome: Met	Partially Met/Continuing _X Not Met	1
Total Number of Cas	ses Handled	2

Illustrative Cases (at least one specific case description showing the success)

"Mike" is a thirty-five year old individual who experienced a traumatic brain injury due to involvement in an automobile accident. Mike contacted IPAS with a concern regarding accessibility to handicapped parking spaces at a local hospital and grocery store, both of which he utilized frequently. Although Mike's original issues alleged violations of the Americans with Disabilities Act, subsequent fact finding revealed that this was not the case. Sufficient parking spots designated for individuals with disabilities existed at both businesses; however individuals who did not possess disabled license plates or hang tags were parking illegally in the spaces designated for those who have disabilities. Mike had been able to advocate for himself in regards to the local hospital which agreed to increase their monitoring of the accessible designated parking spaces. IPAS did speak with officials at the local grocery store and advocated for increased monitoring of accessible parking spots to prevent individuals who are not disabled from parking in them. IPAS also discussed and provided copies of specific requirements within the Americans with Disabilities Act to assure that he understood his rights. Overall, IPAS' efforts raised awareness of this issue among businesses identified in Mike's complaint. He reports that he has been able to consistently access handicapped parking since.

Objective 202:

Review allegations on behalf of three (3) students where the school, due to a proposed or instituted change of educational placement or suspension or expulsion, has or will reduce educational services and advocate for the restoration of services provided in the least restrictive environment.

Description of Need, Issue, or Barrier Addressed:

Students with traumatic brain injury do not always receive their right to a Free and Appropriate Public Education (FAPE).

Indicator(s):

Students with traumatic brain injury will receive FAPE as required under Individuals with Disabilities Act Improvement Act (IDEAIA) and Indiana's Article 7.

Outcome:	Met	Partially	/ Met/Continuing	_X	Not Met _	
Total Num	ber of Cas	es Handle	ed			1

Illustrative Cases (at least one specific case description showing the success)

"Amy" is a thirteen year old individual with a traumatic brain injury whose mother contacted IPAS on March 16, 2010 to request advocacy at an educational meeting scheduled to be held the next day. Amy had been suspended from school on numerous occasions due to what her mother called "shut downs", behavioral episodes during which she refused to participate in educational activities. The school's security officer had "threatened" Amy recently during an episode by transporting her in his squad car to the juvenile center. Additionally, Amy's academic needs were not being addressed sufficiently in her individual education plan. The mother again spoke with IPAS on March 19, 2010 and reported that the school had revised her daughter's behavior plan. The school would now require that Amy's older sister be taken from her classroom to Amy's when a behavior occurred where she would assess the situation to determine if their mother should be contacted by the school. IPAS informed the mother of her educational rights and explained to her why the revised behavioral plan would not benefit Amy in that supports were not identified which would allow her to learn appropriate replacement behavior. Amy's mother decided not to further utilize the services of IPAS. She did however gain knowledge in regards to her daughter's educational rights as well as the school's responsibility to provide Amy with a free and appropriate public education.

Objective 203:

Investigate complaints on behalf of five (5) individuals seeking employment services from Vocational Rehabilitation Services (VRS).

Description of Need, Issue, or Barrier Addressed:

Individuals with traumatic brain injury do not always receive needed employment services and supports from VRS.

Indicator(s):

Individuals with traumatic brain injury will receive needed employment services and supports from VRS.

Outcome:	Met _X	Partially Met/Continuin	g Not Met _	
Total Num	ber of Cases	s Handled		5

Illustrative Cases (at least one specific case description showing the success)

"Jim" was a forty year old individual who was a client of Indiana Vocational Rehabilitation Services (VRS). Jim had received job placement services through VRS for over a year but was unable to find

employment. During this time he had been injured while participating in an intensive work trial in the field of food service. After being injured Jim informed his employment consultant (EC) that he wanted to seek employment in janitorial work only. He had been previously employed as a janitor and believed he could be successful in this type of work. However the EC refused to allow Jim to change his vocational goal. He contacted his Indiana Vocational Rehabilitation Services (VRS) Counselor to ask for a change of EC and vocational goal but his requests were denied. He then contacted IPAS and requested assistance. IPAS determined that Jim's individual plan of employment (IPE) had not been developed within the federally mandated time frame thereby contributing to his delay in employment. Further the IPE contained the vocational goal of "retail services" as opposed to the food service jobs his EC had continually sought out for him. VRS case notes supported the fact that Jim had originally requested employment within the field of retail services. IPAS advocated for Jim's choices to be heard and respected in the employment process. To that end a vocational assessment focusing on janitorial skills was completed. The results of this evaluation indicated that Jim was not a good candidate for janitorial work due to his slow work pace, memory difficulties, and serious physical limitations. IPAS insisted a meeting be held with all parties in attendance including the VRS Counselor and EC, to discuss Jim's vocational strengths, weaknesses, abilities, and interests. During this meeting Jim was informed of the results of the janitorial evaluation. He was also informed of the advantages of seeking employment in the field of food services versus retail sales. IPAS provided Jim with information regarding his rights in relationship to choice of vocational goal and employment agency.

Jim decided, based on all the information provided to him, to pursue employment in the field of food services and to continue to work with his current EC. Jim now knows that he has the right to choose his vocational goal and employment agency throughout the duration of his case with VRS.

Objective 301:

Increase awareness of school staff responsible for identifying students with disabilities about the characteristics of pediatric traumatic brain injury.

Description of Need, Issue, or Barrier Addressed:

School personnel who are responsible for identifying students with disabilities are not always aware of the signs, symptoms, and characteristics of traumatic brain injury and therefore do not accurately identify students with traumatic brain injury.

Indicator(s):

The number of students identified as having traumatic brain injury within the Indianapolis Public School (IPS) system will increase.

Training for all the nursing staff of the IPS system was completed on 7/8/2010 at the Indianapolis Hilton North. The presenters include Dr. Elizabeth Begyn and Kathy Munroe both affiliated with the Pediatric and Adolescent Rehabilitation Unit located at Methodist Hospital. A screening tool was developed with input from the Director of IPS Nursing, Ms. Rae Wallis, and distributed to the nursing staff at this training. Staff will begin completing these forms for all students entering the IPS system beginning in August of 2010.

On 8/6/2010 IPAS provided a 1 ½ hour training session specific to traumatic brain injury to forty-one teachers in the IPS system who work with students with severe disabilities.

Outcome:	Met	Partially Met/Continuing X	Not Met		
Total Numb	per of Case	es Handled		N/A	Ì

Objective 302:

- a) Provide information about traumatic brain injury and disability rights to those entities serving individuals with traumatic brain injury.
- b) Assist the Brain Injury Association of Indiana (BIAI) in planning and sponsoring the annual BIAI conference.

Description of Need, Issue, or Barrier Addressed:

Individuals with traumatic brain injury need information and referral services as well as technical assistance to access services.

Indicator(s):

- a) IPAS has printed brochures describing the services of the PATBI and BIAI in English, Spanish, and Braille. These have been distributed to all of the brain injury support groups in the state as well as to all participants in conferences in Indiana focusing on individuals with disabilities. IPAS assisted in the updating of the Brain Injury Resource Guide which was made available in print and also posted on the BIAI website at www.bia.org/Indiana/.
- b) Forty-two service requests for information and referral services were responded to this past grant year.

Outcome:	Met _X_	Partially Met/Continuing	Not Met	
Total Num	ber of Case	es Handled		N/A

Illustrative Cases (at least one specific case description showing the success)

N/A

Objective 303:

Serve on Indiana Brain Injury Leadership Board.

Description of Need, Issue, or Barrier Addressed:

Indiana does not have a system of services and supports for individuals with traumatic brain injury.

Indicator(s):

The Indiana Brain Injury Leadership Board will develop strategies to create and sustain supports and services for individuals with traumatic brain injury.

Outcome:	Met _X_	Partially Met/Continuing	Not Met		
Total Number of Cases Handled N/A				N/A	

IPAS attended a meeting of the Indiana Brain Injury Leadership Board on March 16, 2010. The groups' goals and objectives for the federal grant funds were reviewed and work groups developed. IPAS agreed to participate on the "Local Support Network Group" work group. Local support networks are being developed in Ft. Wayne, Bloomington, and Indianapolis. The work group is seeking funding strategies to sustain two full-time resource facilitators. It appears that Care Select insurance could pay for resource facilitation for individuals who meet Indiana Medicaid eligibility. The question becomes how quickly Medicaid can deem someone with a traumatic brain injury eligible for their program post-rehabilitation.

IPAS met with Ms. Christa Peters on 3/26/2010, to discuss existing resources for individuals with traumatic brain injury within the state of Indiana. Peters has been charged with the responsibility under the federal grant of developing the local support networks in Indianapolis and Bloomington. IPAS provided her with some contact information and discussed the history of Community East Hospital and Rehabilitation Hospital of Indiana relationship regarding individuals with traumatic brain injuries.

IPAS attended the Indiana Brain Injury Leadership Board on June 8, 2010 and provided Dr. Lance Trexler, Chairperson, with the name of an organization through which he could request funding to allow for the completion of a cost benefit analysis study. This study is very important in terms of planning for the development of funding streams to be utilized for traumatic brain injury services in Indiana including resource facilitation. The Board has added legislative representatives to the membership to assist in the development of a plan for the funding of traumatic brain injury services via formal legislation.

B. AGENCY ACCOMPLISHMENTS

Describe the most significant accomplishments of the agency during the fiscal year.

Indianapolis Public Schools (IPS), the largest school system in Indiana, began screening all incoming students for evidence of traumatic brain injury for the 2010-2011 school year.

Training for all the nursing staff in the IPS system was completed on 7/8/2010 at the Indianapolis Hilton North. The presenters include Dr. Elizabeth Begyn and Kathy Munroe both affiliated with the Pediatric and Adolescent Rehabilitation Unit located at Methodist Hospital. A screening tool was developed with input from the Director of IPS Nursing, Ms. Rae Wallis and distributed to the nursing staff at this training. Staff will begin completing these forms for all students entering the IPS system beginning in August of 2010.

On 8/6/2010 IPAS provided a $1\frac{1}{2}$ hour training session specific to traumatic brain injury to forty-one teachers in the IPS system who work with students with severe disabilities.

C. IMPLEMENTATION PROBLEMS

Describe any external or internal implementation problems for priorities marked "not met" or "partially met."

IPAS continues to develop and complete outreach activities targeting individuals who have had their rights denied in regards to educational services, fair housing, or Titles II or III of the Americans with Disabilities Act. IPAS will revise outreach materials in the coming year to clearly outline those specific services which can be provided to students with traumatic brain injury who are, for whatever reason, not being provided with a free and appropriate public education.

PART VI: AGENCY ADMINISTRATION

A. GRIEVANCES FILED

PATBI grievances filed against the agency during the fiscal year 0	0
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B. COLLABORATIVE EFFORTS

1. NETWORK COLLABORATION Identify issues selected for network collaboration.

IPAS will collaborate with the Brain Injury Association of Indiana and Indianapolis Public Schools in the coming year to train psychology staff so as to increase the identification of students with traumatic brain injury. IPAS will continue to support the BIAI in the planning and implementation of their 2010 and 2011 annual conferences. IPAS plans to assist the BIAI with the development of an interactive version of the on-line Brain Injury Resource Directory. IPAS will also update and distribute printed copies of this directory for distribution to all of the state's brain injury units, special education cooperatives, brain injury support groups, and other entities as appropriate.

2. ALL OTHER COLLABORATION

PART VII: FND OF FORM

Describe any coordination with programs that are not part of the agency (e.g. state long-term care programs, etc.). Use separate sheets if necessary.

IPAS continues to work with other state agencies and entities including Indiana Vocational Rehabilitation Services, Rehabilitation Hospital of Indiana, the Brain Injury Leadership Board, and brain injury support groups.

Signature	Date
Sue Beecher Name (printed)	Assistant Director for Client Services Title